

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY

CLAIMS ONLY

SERIAL NO.

01/908 984

FILING DATE

7-18-01

APPLICANT(S)

CLAIMS:

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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